

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

7/1

FILED
Aug 22, 2005 8:00 am
Secretary of State

07-18-2005 90048 018 ***150.00

DOCUMENT # P04000168941

1. Entity Name
ALEX GARCES P.A.



Principal Place of Business
**5905 W 12 CT
HIALEAH, FL 33012**

Mailing Address
**5905 W 12 CT
HIALEAH, FL 33012**

66026131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07122005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-2017752

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCES, ALEX
5905 W 12 CT
HIALEAH, FL 33012**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GARCES, ALEX
5905 W 2 CT
HIALEAH, FL 33012** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

7/12/05

ATTACHMENT
26076131
ALEX GARCES, P.A.
5905 W 12 CT
HIALEAH FL 33012

July 6, 2005

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: ALEX GARCES, P.A.
DOCUMENT#: P04000168941

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

- - Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,


Alex Garces